

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Summit</i>		02 17 01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	10/1	
2	✓	10/1	
3	✓	10/1	
4	✓	10/1	
5	✓	10/1	
6	✓	10/1	
7	✓	10/1	
8	✓	10/1	
9	✓	10/1	
10	✓	10/1	
11	✓	10/1	
12	✓	10/1	
13	✓	10/1	
14	✓	10/1	
15	✓	10/1	
16	✓	10/1	
17	✓	10/1	
18	✓	10/1	
19	✓	10/1	
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29	✓	10/1	
30	✓	10/1	
31	✓	10/1	
32	✓	10/1	
33	✓	10/1	
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35	✓	10/1	
36	✓	10/1	
37	✓	10/1	
38	✓	10/1	
39	✓	10/1	
40	✓	10/1	
41	✓	10/1	
42	✓	10/1	
43	✓	10/1	
44	✓	10/1	
45	✓	10/1	
46	✓	10/1	
47	✓	10/1	
48	✓	10/1	
49	✓	10/1	
50	✓	10/1	

Claim	Final	Original	Date
51	✓	10/1	
52	✓	10/1	
53	✓	10/1	
54	✓	10/1	
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57	✓	10/1	
58	✓	10/1	
59	✓	10/1	
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91	✓	10/1	
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93	✓	10/1	
94	✓	10/1	
95	✓	10/1	
96	✓	10/1	
97	✓	10/1	
98	✓	10/1	
99	✓	10/1	
100	✓	10/1	

Claim	Final	Original	Date
101	✓	10/1	
102	✓	10/1	
103	✓	10/1	
104	✓	10/1	
105	✓	10/1	
106	✓	10/1	
107	✓	10/1	
108	✓	10/1	
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110	✓	10/1	
111	✓	10/1	
112	✓	10/1	
113	✓	10/1	
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115	✓	10/1	
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123	✓	10/1	
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125	✓	10/1	
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137	✓	10/1	
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140	✓	10/1	
141	✓	10/1	
142	✓	10/1	
143	✓	10/1	
144	✓	10/1	
145	✓	10/1	
146	✓	10/1	
147	✓	10/1	
148	✓	10/1	
149	✓	10/1	
150	✓	10/1	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)